FORM D

UNITED STATES SECURITIES AND EXCHANGE COMMISSION TOCESSING Section

Washington, D.C. 20549

FORM D

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NOTICE OF SALE OF SECURITIES **PURSUANT TO REGULATION D** Washington, DC SECTION 4(6), AND/OR UNIFORM LIMITED OFFERING EXEMPTION 100

OMB APPROVAL								
Expires: Estimate	d average l	ourden						
	SEC US	E ONLY						
Prefix			Serial					
	1	1						
	DATE R	CEIVED						

Name of Offering	(check if this is an am	endment and name	has changed, and in	dicate change.)		
Sale and Issuance	of Convertible Promissory	Notes and Warrar	nts to Purchase Pre	ferred Stock (and t	he underlying con	nmon and preferred stock)
Filing Under (Check	box(es) that apply):	☐ Rule 504	☐ Rule 505	Rule 506	Section 4(6)	_
Type of Filing:	New Filing	☐ Amendment				PROCESSED
		A. BASI	CIDENTIFICAT	ION DATA		JUL 0 3 2008
1. Enter the inform	nation requested about the i	ssuer				JUL 0 3 2000
Name of Issuer	check if this is an ame	endment and name h	nas changed, and inc	dicate change.		THOMSON REUTERS
Telsima Corporatio	n					IHOMOOU ISSUE
Address of Executive	e Offices		(Number and Stree	t, City, State, Zip Co		Number (Including Area Code)
328 Gibraltar Drive,	Sunnyvale, CA 94089				(408) 212-8	500
Address of Principal	Offices		(Number and Stree	t, City, State, Zip Co	de) Telephone l	Number (Including Area Code)
(if different from Exe	cutive Offices) sam	e as above	<u></u>	<u> </u>		
Brief Description of E	Business: Developn	nent of voice-base	d internet infrastruc	cure and services		
Type of Business Or	<u> </u>					
	⊠ corporation ☐ business trust	= '	partnership, already partnership, to be for		other (pl	08050814
	Dusiness trust					00000017
	Date of Incorporation or Orgoration or Orgoration or Organization: (E		Month 1 2 Postal Service Abbre	Year 9 eviation for State:		actual Estimated
out.outonorp	Section of Organization (E		N for Canada; FN fo		iction)	D E

GENERAL INSTRUCTIONS

Federal:

Who Must File: All issuers making an offering of securities in reliance on an exemption under Regulation D or Section 4(6), 17 CFR 230.501 et seq. or 15 U.S.C. 77d(6).

When To File: A notice must be filed no later than 15 days after the first sale of securities in the offering. A notice is deemed filed with the U.S. Securities and Exchange Commission (SEC) on the earlier of the date it is received by the SEC at the address given below or, if received at that address after the date on which it is due, on the date it was mailed by United States registered or certified mail to that address.

Where to File: U.S. Securities and Exchange Commission, 450 Fifth Street, N.W., Washington, D.C. 20549.

Copies Required: Five (5) copies of this notice must be filed with the SEC, one of which must be manually signed. Any copies not manually signed must be photocopies of the manually signed copy or bear typed or printed signatures.

Information Required: A new filing must contain all information requested. Amendments need only report the name of the issuer and offering, any changes thereto, the information requested in Part C, and any material changes from the information previously supplied in Parts A and B. Part E and the appendix need not be filed with the SEC.

Filing Fee: There is no federal filing fee.

State:

This notice shall be used to indicate reliance on the Uniform Limited Offering Exemption (ULOE) for sales of securities in those states that have adopted ULOE and that have adopted this form. Issuers relying on ULOE must file a separate notice with the Securities Administrator in each state where sales are to be, or have been made. If a state requires the payment of a fee as a precondition to the claim for the exemption, a fee in the proper amount shall accompany this form. This notice shall be filed in the appropriate states in accordance with state law. The Appendix to the notice constitutes a part of this notice and must be completed.

ATTENTION

Failure to file notice in the appropriate states will not result in a loss of the federal exemption. Conversely, failure to file the appropriate federal notice will not result in a loss of an available state exemption unless such exemption is predicated on the filing of a federal notice.

> Potential persons who are to respond to the collection of information contained in this form are not required to respond unless the form displays a currently valid OMB control number

		A. BASIC II	DENTIFICATION DAT	A	
Each beneficial ownEach executive offi	ne issuer, if the iss ner having the pov cer and director o	uer has been organized wi ver to vote or dispose, or d			a class of equity securities of the issuer; rtnership issuers; and
Check Box(es) that Apply:	☐ Promoter	☐ Beneficial Owner	☐ Executive Officer	□ Director	General and/or Managing Partner
Full Name (Last name first,	if individual):	Shah, Harsal			
Business or Residence Add	ress (Number and	Street, City, State, Zip Co	de): 328 Gibraltar Driv	e, Sunnyvale, CA	94089
Check Box(es) that Apply:	☐ Promoter	☐ Beneficial Owner	☐ Executive Officer	□ Director	☐ General and/or Managing Partner
Full Name (Last name first,	if individual):	Dham, Vinod			
Business or Residence Add	ress (Number and	Street, City, State, Zip Co.	de): 328 Gibraltar Driv	e, Sunnyvale, CA	94089
Check Box(es) that Apply:	☐ Promoter	□ Beneficial Owner	☑ Executive Officer	□ Director	General and/or Managing Partner
Full Name (Last name first,	if individual):	Sharma, Alok			
Business or Residence Add	ress (Number and	Street, City, State, Zip Co	de): 328 Gibraltar Driv	e, Sunnyvale, CA	94089
Check Box(es) that Apply:	☐ Promoter	⊠ Beneficial Owner	☐ Executive Officer	☐ Director	☐ General and/or Managing Partner
Full Name (Last name first,	if individual):	NEA Partners 10, Li	mited Partnership		· · · · · · · · · · · · · · · · · · ·
Business or Residence Add	ress (Number and	Street, City, State, Zip Co	de): 2490 Sand Hill Ro	ad, Menio Park, C	CA 94025
Check Box(es) that Apply:	☐ Promoter	⊠ Beneficial Owner	☐ Executive Officer	☐ Director	☐ General and/or Managing Partner
Full Name (Last name first,	if individual):	New Path Ventures,	LLC		
Business or Residence Add	ress (Number and	Street, City, State, Zip Co.	de): 3945 Freedom Cir	cle, Suite 1050, S	anta Clara, CA 95052
Check Box(es) that Apply:	☐ Promoter	⊠ Beneficial Owner	☐ Executive Officer	☐ Director	General and/or Managing Partner
Full Name (Last name first,	if individual):	JAFCO Asia Techno	logy Fund II		
Business or Residence Add	ress (Number and	Street, City, State, Zip Co	de): 505 Hamilton Ave	enue, Suite 310, P	alo Alto, CA 94301
Check Box(es) that Apply:	☐ Promoter	☐ Beneficial Owner	☐ Executive Officer	☑ Director	☐ General and/or Managing Partner
Full Name (Last name first,	if individual):	Perry, Mark			
Business or Residence Add	ress (Number and	Street, City, State, Zip Co	de): c/o New Enterpri	se Associates, 24	190 Sand Hill Road, Menlo Park, CA
Check Box(es) that Apply:	☐ Promoter	☐ Beneficial Owner	☐ Executive Officer	☐ Director	General and/or Managing Partner
Full Name (Last name first,	if individual):		,		
Business or Residence Add	ress (Number and	Street, City, State, Zip Co	de):		

(Use blank sheet, or copy and use additional copies of this sheet, as necessary)

B. INFORMATION ABOUT OFFERING														
_												Yes	<u>No</u>	
1.	las the issue	er sold, or o	does the is	suer inten			edited inve endix, Col				•••••		⊠	
2.	What is the m	ninimum in	vestment t	hat will be	accepted	from any i	ndividual?					\$ <u>N/A</u>		
	-											<u>Yes</u>	<u>No</u>	
:	any commission or similar remuneration for solicitation of purchasers in connection with sales of securities in the offering. If a person to be listed is an associated person or agent of a broker or dealer registered with the SEC and/or with a state or states, list the name of the broker or dealer. If more than five (5) persons to be listed are associated persons of such a broker or dealer, you may set forth the information for that broker or dealer only.													
Full Name (Last name first, if individual)														
Business or Residence Address (Number and Street, City, State, Zip Code)														
Name	Name of Associated Broker or Dealer													
	in Which Pe Check "All S												☐ All States	
□ [A	_] 🔲 [AK]	[AZ]	☐ [AR]	□ [CA]			□ [DE]		□ [FL]	□ [GA]	[HI]			
☐ [IL] □ [JN]	[IA]	☐ [KS]		[LA]		☐ [MD]	☐ [MA]	[MI]	☐ [MN]		[MO]		
□ [N	Π [NE]	□ {NV]	□ [NH]	□ [NJ]	[MM]	□ [NY]	☐ [NC]	☐ [ND]				[PA]		
☐ (R] [SC]		[NT]	[גז] 🗆			[AV]	[WA]	[VW]	□ (WI)	[WY]	☐ (PR)		
Full N	ame (Last na	ame first, if	individual)										
Busir	ess or Resid	ence Addr	ess (Numb	er and Str	eet, City, S	State, Zip (Code)							
Name	of Associate	ed Broker o	or Dealer											
	in Which Pe Check "All S												All States	
□ [A	.) [AK]	[AZ]	☐ [AR]	☐ [CA]	☐ [CO]	□ [CT]	□ [DE]		[FL]	[GA]	[HI]	[ID]		
	[IN]	[IA]	☐ [KS]	☐ [KY]	□ [LA]	☐ [ME]	[MD]	[MA]		☐ [MN]	☐ [MS]	☐ [MO]		
□ [M	T) [NE]	[NV]	□ [NH]	□ [NJ]	□ [NM]	☐ [NY]	□ [NC]	□ [ND]	□ [OH]	□ [OK]	[OR]	[PA]		
□ (R] 🔲 [SC]	(SD)	[MT]	[דא]			□ [VA]	□ [WA]	□ [WV]	[IW]		☐ [PR]		
Full N	ame (Last na	ame first, if	individual)										
Busin	ess or Resid	ence Addr	ess (Numb	er and Str	eet, City, S	State, Zip (Code)	·	_					_
Name	of Associate	ed Broker o	or Dealer			·								
	in Which Pe Check "All S												☐ All States	
□ [A	_] [AK]	[AZ]	☐ [AR]	☐ [CA]	☐ (CO)	□ (CT)			[FL]	□ [GA]	[HI]	□ [ID]		
□ [ìr	[NI]	[AI]	☐ [KS]	☐ [KY]	[LA]	☐ [ME]	☐ [MD]	[MA]			☐ [MS]	[MO]		
□ [N	T) [NE]	□ [NV]	□ [NH]	□ [NJ]	□ [NM]	□ [NY]		[ND]	□ [OH]		□ [OR]	□ [PA]		
Пю	n 🗆 (e.c.)		☐ ITAN					CA/A1		ET BAZE	□ NA/V1	וספו 🗀		

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	C. OFFERING PRICE, NUMBER OF INVESTORS, EXPENSES A	U DN	SE OF PROCE	EDS	
1,	Enter the aggregate offering price of securities included in this offering and the total amount already sold. Enter "0" if answer is "none" or "zero." If the transaction is an exchange offering, check this box and indicate in the columns below the amounts of the securities offered for exchange and already exchanged.				
	Type of Security		Aggregate Offering Price	Aı	mount Already Sold
	Debt	. <u>\$</u>	10,000,000	\$	10,000,000
	Equity	. <u>\$</u>		\$	
	☐ Common ☐ Preferred				
	Convertible Securities (including warrants)	. <u>\$</u>	10,000,000	\$	10,000,000
	Partnership Interests	. <u>\$</u>		<u>\$</u>	
	Other (Specify)	\$		\$	
	Total	\$	10,000,000	<u>\$</u>	10,000,000
	Answer also in Appendix, Column 3, if filing under ULOE				
2.	Enter the number of accredited and non-accredited investors who have purchased securities in this offering and the aggregate dollar amounts of their purchases. For offerings under Rule 504, indicate the number of persons who have purchased securities and the aggregate dollar amount of their purchases on the total lines. Enter "0" if answer is "none" or "zero."				
			Number Investors		Aggregate collar Amount Of Purchases
	Accredited Investors		. 7	<u>\$</u>	1,000,000.00
	Non-accredited Investors	·	0	<u>\$</u>	0
	Total (for filings under Rule 504 only)	·		\$	
	Answer also in Appendix, Column 4, if filing under ULOE				
3.	If this filing is for an offering under Rule 504 or 505, enter the information requested for all securities sold by the issuer, to date, in offerings of the types indicated, in the twelve (12) months prior to the first sale of securities in this offering. Classify securities by type listed in Part C–Question 1.				
	Type of Offering		Types of Security	E	ollar Amount Sold
	Rule 505		N/A	<u>\$</u>	N/A
	Regulation A		N/A	<u>\$</u>	N/A
	Rule 504		N/A	<u>\$</u>	N/A
	Total			\$	
4.	a. Furnish a statement of all expenses in connection with the issuance and distribution of the securities in this offering. Exclude amounts relating solely to organization expenses of the issuer. The information may be given as subject to future contingencies. If the amount of an expenditure is not known, furnish an estimate and check the box to the left of the estimate.				
	Transfer Agent's Fees		🗆	\$	· · · · · · · · · · · · · · · · · · ·
	Printing and Engraving Costs			\$	
	Legal Fees		🗖	\$	

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Total......

	C. OFFERING PRICE, NUMBER	R OF INVESTORS, EXPI	ENSES	AND US	E OF	ROC	EEDS	<u> </u>	
	Enter the difference between the aggregate offering p Question 1 and total expenses furnished in response to Pa "adjusted gross proceeds to the issuer."	art C-Question 4.a. This differe	nce is the				<u>\$</u>		10,000,000
	Indicate below the amount of the adjusted gross proceeds used for each of the purposes shown. If the amount for an estimate and check the box to the left of the estimate. The the adjusted gross proceeds to the issuer set forth in response	ly purpose is not known, furnish total of the payments listed mu	an ust equal	D	ayments (Officers, irectors & Affiliates				Payments to Others
	Salaries and fees	•••••••		\$				<u>\$</u>	
	Purchase of real estate	••••••		\$				\$	
	Purchase, rental or leasing and installation of mach	ninery and equipment		\$				\$	
	Construction or leasing of plant buildings and facilit Acquisition of other businesses (including the value	of securities involved in this		\$				<u>\$</u>	
	offering that may be used in exchange for the asse pursuant to a merger		ĺ	\$				\$	
	Repayment of indebtedness			\$				\$. ===
	Working capital			\$			\boxtimes	\$	10,000,000
	Other (specify):			\$				\$	
				\$				\$	
	Column Totals			\$			×	\$	10,000,000
	Total payments Listed (column totals added)				×	\$	1	0,000	,000
		D. FEDERAL SIGNATU	RE				•		
con	s issuer has duly caused this notice to be signed by the unc stitutes an undertaking by the issuer to furnish to the U.S. the issuer to any non-accredited investor pursuant to parag	Securities and Exchange Comm	on. If this nission, up	notice is fi oon written	ed under request	Rule of its s	505, the	follov infor	wing signature mation furnished
Iss	uer (Print or Type)	Signature			-	Da			
Tel	sima Corporation	3 m/n				Ju	<u>ne 27:</u>	2008	
Na	ne of Signer (Print or Type)	Title of Signer (Print or Type)							
Alo	k Sharma	Chief Executive Officer							

ATTENTION

Intentional misstatements or omissions of fact constitute federal criminal violations. (See 18 U.S.C. 1